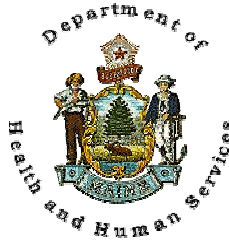


John Elias Baldacci
Governor



John R. Nicholas
Commissioner

**Maine Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011
Bureau of Medical Services**

October 19, 2004

TO: Interested Parties

FROM: Christine Gianopoulos, Acting Director, Bureau of Medical Services

SUBJECT: Final rule, MaineCare Benefits Manual, Chapter II, Section 15, Chiropractic Services

Pursuant to 22 MRSA §3174-FF, the Department has changed the rules for Chiropractic Services to require the existence of rehabilitation potential, endorsed by a physician as a prerequisite for adult members to receive chiropractic services under MaineCare.

The effective date of this rule change is November 1, 2004. There will be no transitional period granted for the development of a physician's documentation of the existence of rehabilitation potential for all members aged 21 and over. This means all adult members who are seen on or after November 1, 2004, must have a physician or PCP's documentation of the existence of rehabilitation potential on file in order for MaineCare to continue to cover their services.

Rules and related rulemaking documents may be reviewed at and printed from the Bureau of Medical Services website at <http://www.maine.gov/bms/MaineCareBenefitManualRules.htm> or, for a fee, interested parties may request a paper copy of rules by contacting (207) 287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

Notice of Agency Rule-Making Adoption

AGENCY: Department of Health and Human Services, Bureau of Medical Services

CHAPTER NUMBER AND TITLE: Final rule, MaineCare Benefits Manual, Chapter II, Section 15, Chiropractic Services

Adopted rule number:

CONCISE SUMMARY: Pursuant to 22 MRSA § 3174-FF, the Department has changed the rules for Chiropractic Services to require the existence of rehabilitation potential, endorsed by a physician as a prerequisite for adult members to receive chiropractic services under MaineCare.

Rules and related documents may be reviewed and printed from the Bureau of Medical Services website at www.maine.gov/bms/MaineCareBenefitManualRules.htm or, for a fee, interested parties may request a paper copy of rules by calling at 207-287-9368.

EFFECTIVE DATE: 11/1/04

AGENCY CONTACT PERSON: Robert E. Gross

AGENCY NAME: Bureau of Medical Services
Division of Policy and Provider Services
11 State House Station
Augusta, ME 04333-0011

Telephone: (207) 287 - 9366 FAX: (207) 287-9369
TTY: 1-800-423-4331 or (207) 287-1828 (Deaf/Hard of Hearing)

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 15	CHIROPRACTIC SERVICES	9/15/80
------------	-----------------------	---------

TABLE OF CONTENTS

Eff.		PAGE
11-1-04		
	15.01 PURPOSE	1
	15.02 DEFINITIONS	1
	15.02-1 Chiropractic Services	1
	15.02-2 Chiropractor	1
	15.02-3 Rehabilitation Potential	1
	15.03 ELIGIBILITY FOR CARE	1
	15.04 SPECIFIC ELIGIBILITY FOR CARE	1
	15.05 COVERED SERVICES	1
	15.06 NON-COVERED SERVICES.....	2
	15.07 LIMITATIONS	2
	15.08 POLICIES AND PROCEDURES	2
	15.08-1 Diagnosis	2
	15.08-2 Treatment Exceeding Six (6) Months	3
	15.08-3 Member Records.....	3
	15.08-4 Surveillance and Utilization Review	4
	15.09 REIMBURSEMENT	4
	15.10 COPAYMENT.....	5
	15.10-1 Copayment Amount.....	5
	15.10-2 Copayment Exemptions and Dispute Resolution	5
	15.11 BILLING INSTRUCTIONS.....	5

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 15

CHIROPRACTIC SERVICES

9/15/80

15.01 **PURPOSE**

Eff.

11-1-04

The purpose of this rule is to provide medically necessary chiropractic services to MaineCare members who are adults (age 21 and over) with rehabilitation potential, and medically necessary chiropractic services to MaineCare members who are under age 21.

15.02 **DEFINITIONS**

15.02-1 Chiropractic Services are those services provided to a member by a licensed chiropractor.

15.02-2 Chiropractor is an individual who both is licensed by the state or province in which he/she provides chiropractic services and meets uniform minimum standards promulgated by the Secretary of Health and Human Services under 42 U.S.C. §1395 X (r) and 42 CFR 440.60.

Eff.

11-1-04

15.02-3 Rehabilitation Potential is a documented expectation by the member's physician or PCP that the member's condition will improve significantly in a reasonable predictable period of time as a result of the prescribed treatment plan. The physician's documentation of rehabilitation potential must include the reasons used to support this expectation.

15.03 **ELIGIBILITY FOR CARE**

Individuals must meet the financial and eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the provider to verify a member's eligibility for MaineCare, as described in Chapter I, prior to providing services.

Eff.

11-1-04

15.04 **SPECIFIC ELIGIBILITY FOR CARE**

Services for members of all ages must be medically necessary. The Department or its authorized agent has the right to perform eligibility determination and/or utilization review to determine if services provided were medically necessary.

Adult members (age twenty-one and over), must have an initial evaluation by a physician that documents the member's rehabilitation potential. This requirement will not apply to members with Medicare coverage or other third party health insurance until the coverage for chiropractic services by the other payor has been exhausted.

15.05 **COVERED SERVICES**

Covered services are services for which payment can be made by the Department and which are specifically included in the Department's MaineCare Benefits Manual, Chapter III, Section 15, Allowances for Chiropractic Services. Covered services are limited to the following:

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 15

CHIROPRACTIC SERVICES

9/15/80

15.05 COVERED SERVICES (cont.)

- Eff. 11-1-04
- A. Manual or mechanical manipulation of the spine. The diagnosis must indicate a subluxation. Separate reimbursement for an examination/diagnosis will not be made.
 - B. X-ray services which are medically necessary for diagnosis and treatment of a subluxation.

Eff. 11-1-04 **15.06 NON-COVERED SERVICES**

MaineCare reimbursement shall cover only x rays of the spine and will not cover x rays which are not of the spine. Any service not described and/or listed in Chapters II and III, Section 15, is considered a non-covered service.

15.07 LIMITATIONS

- Eff. 11-1-04
- A. Reimbursement for acute and chronic care episodes shall be based upon medical necessity. Medical necessity must be supported and documented in accordance with criteria defined in Section 15.08-3, Member Records. The Department reserves the right to request additional information to evaluate medical necessity.
 - B. Reimbursement and limitations on the number of x rays will be based upon the criteria of medical necessity and documentation as specified in Section 15.08-3, Member Records.
 - C. When repeat x-ray examinations of the same body part and for the same condition are required because of technical or professional error in the original x rays, such repeat x rays are not a covered service and are not reimbursable by MaineCare.

Eff. 11-1-04 **15.08 POLICIES AND PROCEDURES**

15.08-1 Diagnosis

- A. The diagnosis of subluxation must be demonstrated by a recent x ray or a recent examination documenting a clinical manifestation of a subluxation.
- B. A recent examination shall include but is not limited to the examinations listed below:
 - 1. Mensuration;
 - 2. Biomechanical Evaluation;
 - 3. Neurological Evaluation;
 - 4. Kinesiological Evaluation; and

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 15

CHIROPRACTIC SERVICES

9/15/80

15.08 POLICIES AND PROCEDURES (cont.)

5. Orthopedic Evaluation.

C. Examination by observation and palpation (static and/or dynamic) will be accepted as fulfilling the requirements of Section 15.08-1(A) above if all other examinations listed in Section 15.08-1(B) above have been performed and abnormal findings are absent.

D. Recent examination and/or x ray are interpreted to mean an examination or x ray was made within thirty (30) days prior to the initiation of treatment.

If for any reason a course of treatment is discontinued for a period longer than a year, re-examination is required if treatment is to be a covered service.

E. MaineCare members who also qualify for Medicare shall meet the diagnostic requirements of the Medicare program.

15.08-2 Treatment Exceeding Six (6) Months

Ongoing treatments require justification in the form of a recent examination or x ray documenting a clinical manifestation of subluxation six (6) months after treatment first begins and every twelve (12) months thereafter. Recent examinations or x rays used to justify treatment that exceeds six (6) months in duration, must fulfill the requirements of Section 15.08-1. The results of these examinations or x rays should be made a part of the member record.

15.08-3 Member Records

There shall be a specific record for each member which shall include but not necessarily be limited to:

A. Member's name, address, birthdate, and MaineCare I.D. number.

B. The member's social and medical history, and diagnoses.

C. A personalized plan of service including (at a minimum):

1. Type of chiropractic services needed;
2. How the services can best be delivered, and by whom the services shall be delivered;
3. Frequency of services and expected duration of services;
4. Long and short range goals;

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 15

CHIROPRACTIC SERVICES

9/15/80

15.08 **POLICIES AND PROCEDURES** (cont.)

5. Plans for coordination with other health service providers for the delivery of services and the transfer of x rays, if needed; and
6. Documentation of x-ray findings or results of the examinations described in 15.08 supporting the medical necessity of the services to be delivered.

Eff.
11-1-04

D. Written progress notes shall be maintained and must contain:

1. The name of the provider, a full description of the condition, and the date of each service given;
2. Any progress toward the achievement of established long and short range goals;
3. The signature of the service provider for each service provided; and
4. A full account of any unusual condition or unexpected event, including the date when it was observed.

Entries are required for each service billed. When the services delivered vary from the plan of care, entries in the member's record must justify the changes.

Eff.
11-1-04

15.08-4 Surveillance and Utilization Review

Please see Chapter I of the MaineCare Benefits Manual.

Eff.
11-1-04

15.09 **REIMBURSEMENT**

A. The amount of payments for services rendered shall be the lowest of the following:

1. The amount listed in the "Allowances for Chiropractic Services," Chapter III, MaineCare Benefits Manual; or
2. The lowest amount allowed by the Medicare Part B carrier; or
3. The provider's usual and customary charge.

Eff.
11-1-04

In accordance with Chapter I, of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from any other resources that are available for payment of the rendered service prior to billing MaineCare.

B. Reimbursement criteria for interpreter services have been moved to Chapter I of the MaineCare Benefits Manual.

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 15

CHIROPRACTIC SERVICES

9/15/80

15.10 COPAYMENT

Eff.
11-1-04

15.10-1 Copayment Amount

- A. A copayment will be charged to each non-exempted MaineCare member receiving services. The amount of the copayment shall not exceed \$2.00 per day for services provided, according to the following schedule:

MaineCare Payment for Service	Member Copayment
\$10.00 or less	\$.50
\$10.01 - 25.00	\$1.00
\$25.01 or more	\$2.00

- B. The member shall be responsible for copayments up to \$20.00 per month whether the copayment has been paid or not. After the \$20.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services.
- C. No provider may deny services to a member for failure to pay a copayment. Providers must rely upon the member's representation that he or she does not have the resources available to pay the copayment. A member's inability to pay a copayment does not, however, relieve him/her of liability for a copayment.

Eff.
11-1-04

15.10-2 Copayment Exemptions and Dispute Resolution

Refer to Chapter I of the MaineCare Benefits Manual for copayment exemption and dispute resolution policies.

Eff.
11-1-04

15.11 BILLING INSTRUCTIONS

- A. Providers must bill in accordance with the Department's "Billing Instructions."
- B. All services provided on the same day shall be submitted on the same claim form for MaineCare reimbursement.